

57448

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-003799**

GENERATOR (Generator Must Complete)

② Name **ALUMINUM CO. OF AMERICA VERNON WORKS**
EPA NO. **C A D 0 7 4 1 2 6 6 8 1**
Address **5151 ALCOA AVE.** Phone No. **588-6141**
City, State, Zip **VERNON, CA 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **BKK CO.**
EPA NO. **C A D 0 6 7 7 8 6 7 4 9**
Address **2210 AZUSA AVE.**
City, State, Zip **WEST COVINA, CA.**

④ Alternate TSD Facility

Name **CHEMICAL WASTE MANAGEMENT INC.**
EPA NO. **C A T 0 0 0 6 4 6 1 1 7**
Address **P.O. BOX 1104 430 W. ELM AVE.**
City, State, Zip **COALINGA, CA.**

SFUND RECORDS CTR
999000976

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: _____
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER _____

⑥ WASTE CATEGORY **#48**

⑦ EX. HAZ. WASTE PERMIT NO. _____

⑧ GENERATING PROCESS _____

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %			

⑩ WASTE PROPERTIES: pH _____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☒ Other **USED MACHINERY OIL, LUBRICANTS & WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *Joe A. D.*
Signature of Authorized Agent and Title

4-8-82
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **C A D 0 2 8 2 7 7 0 3 6**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **4-8-82**
TIME **4:00** AM ☐ PM ☐

⑯ *Jim #11*
Signature of Authorized Agent and Title

4-8-82
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME _____ 18 QUANTITY (If Measured) **100350 L**
EPA NO. _____ 19 STATE FEE (If Any) _____
PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉒ NAME _____
EPA NO. _____

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓ *[Signature]*
Signature of Authorized Agent and Title

4-9-82
Date Accepted

ORIGINAL